

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

3 Recd
AUG 19 2005
F

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U - <u>12011</u> | 2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u> |
| 3. Name and address of person filing. Name <u>JAMES T. BRADY</u> P.O. Box, Bldg., Room No., if any Street <u>12350 MAIN ST</u> City <u>LINO LAKES</u> State <u>MN.</u> ZIP Code + 4 <u>55038</u> | 4. Name, file number, and address of labor organization. Name <u>LABORERS DISTRICT COUNCIL MN/ND</u> Labor Organization File Number <u>065482</u> P.O. Box, Building and Room Number, if any Street <u>2350 MAIN ST</u> City <u>LINO LAKES</u> State <u>MN</u> ZIP Code + 4 <u>55038</u> |
| 5. Position in labor organization. <u>PRESIDENT / BUSINESS MANAGER</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed James Brady

On 8/9/05
Date

651 653-9776
Telephone Number

| | |
|--|----------------|
| Name of Person Filing JAMES T BRADY | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ZENITH ADMINISTRATORS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **SUITE 325**

Street **2520 PILOT KNOB ROAD**

City **MENDOTA HEIGHTS**

State **MI** ZIP Code + 4 **55120**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LABORERS TRUST FUNDS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **SUITE 325**

Street **2520 PILOT KNOB ROAD**

City **MENDOTA HEIGHTS**

State **MI** ZIP Code + 4 **55120**

11.a. Nature of such dealing.

THIRD PARTY ADMINISTRATION

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

GOLF OUTING

12.b. Amount.

100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

| | | |
|-----------------------|---------------|----------------|
| Name of Person Filing | JAMES T BRAOY | File Number U- |
|-----------------------|---------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2350 MAIN ST

City LIND LAKES

State MN ZIP Code + 4 55038

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRAINING AND EDUCATION

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

EDUCATIONAL CONFERENCE

12.b. Amount.

1280.17

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

| | |
|--|----------------|
| Name of Person Filing JAMES T BRADY | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name WHITE PINE CAPITAL</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 60 S. 6TH ST</p> <p>City MINNEAPOLIS</p> <p>State MAE ZIP Code + 4 55402</p> | <p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name LABORERS PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 325</p> <p>Street 2520 PILOT KNOB ROAD</p> <p>City MENDOTA HEIGHTS</p> <p>State MIN ZIP Code + 4 55120</p> | <p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>GOLF CUTTING</p> <p>12.b. Amount. 100.00</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

| | |
|--|----------------|
| Name of Person Filing JAMES T BRAAD | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name MEKETA INVESTMENT GROUP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 2ND FLOOR</p> <p>Street 35 BRAINTREE HILL PARK</p> <p>City BRAINTREE</p> <p>State MA ZIP Code + 4 02184</p> | <p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LABORERS TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 325</p> <p>Street 2520 PILOT Knob ROAD</p> <p>City MENDOTA HEIGHTS</p> <p>State MX ZIP Code + 4 55120</p> | <p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">INVESTMENT CONSULTING</p> <hr/> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;">BOTTLE OF WINE</p> <hr/> <p>12.b. Amount. 45.00</p> |

| | |
|---|---------------------------------|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |